

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
BAYFIELD CO. ZONING DEPT.
AUG 31 2016

ENTERED

Permit #:	16-0306
Date:	9-12-16
Amount Paid:	\$175
Refund:	9-2-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: POINT O PINES TRUST FREDERICK MILLER, TRUSTEE	Mailing Address: 50405 POINT O PINES BARNES, WI 54873	City/State/Zip: BARNES, WI 54873	Telephone: 715-745-3398
Address of Property: 50405 POINT O PINES	City/State/Zip: BARNES, WI 54873	Contractor Phone: 715-378-2247	Cell Phone: 814-745-0779
Contractor: LAGAE COSGROVE CONTRACTORS LLP	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Plumber: N/A	Plumber Phone:
Agent Phone:	Agent Mailing Address (Include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 1 Lot(s) 3 CSM 80 Vol & Page 2/90	PIN: (25 digits) 04-004-2-44-093	Recorded Document: (i.e. Property Ownership) Volume 952 Page(s) 564
Section 9 , Township 44 N, Range 9 W	Town of: Barnes	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →		Distance Structure is from Shoreline: 150 feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland			

Value at Time of Completion * include donated time & material \$ 25,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: <u> </u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Conv</u>	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> Basement	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 26	Width: 24	Height: 20
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(<input type="checkbox"/> X)	
<input type="checkbox"/> with Loft		(<input type="checkbox"/> X)	
<input type="checkbox"/> with a Porch		(<input type="checkbox"/> X)	
<input type="checkbox"/> with (2nd) Porch		(<input type="checkbox"/> X)	
<input type="checkbox"/> with a Deck		(<input type="checkbox"/> X)	
<input type="checkbox"/> with (2nd) Deck		(<input type="checkbox"/> X)	
<input type="checkbox"/> Rec'd for Issuance	with Attached Garage	(<input type="checkbox"/> X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X)	
SEP 12 2016	Mobile Home (manufactured date) _____	(<input type="checkbox"/> X)	
Secretarial Staff <input type="checkbox"/>	Addition/Alteration (specify) _____	(<input type="checkbox"/> X)	
<input type="checkbox"/> Municipal Use	Accessory Building (specify) GARAGE	(24 X 26)	624
	Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X)	
	Special Use: (explain) _____	(<input type="checkbox"/> X)	
	Conditional Use: (explain) _____	(<input type="checkbox"/> X)	
	Other: (explain) _____	(<input type="checkbox"/> X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

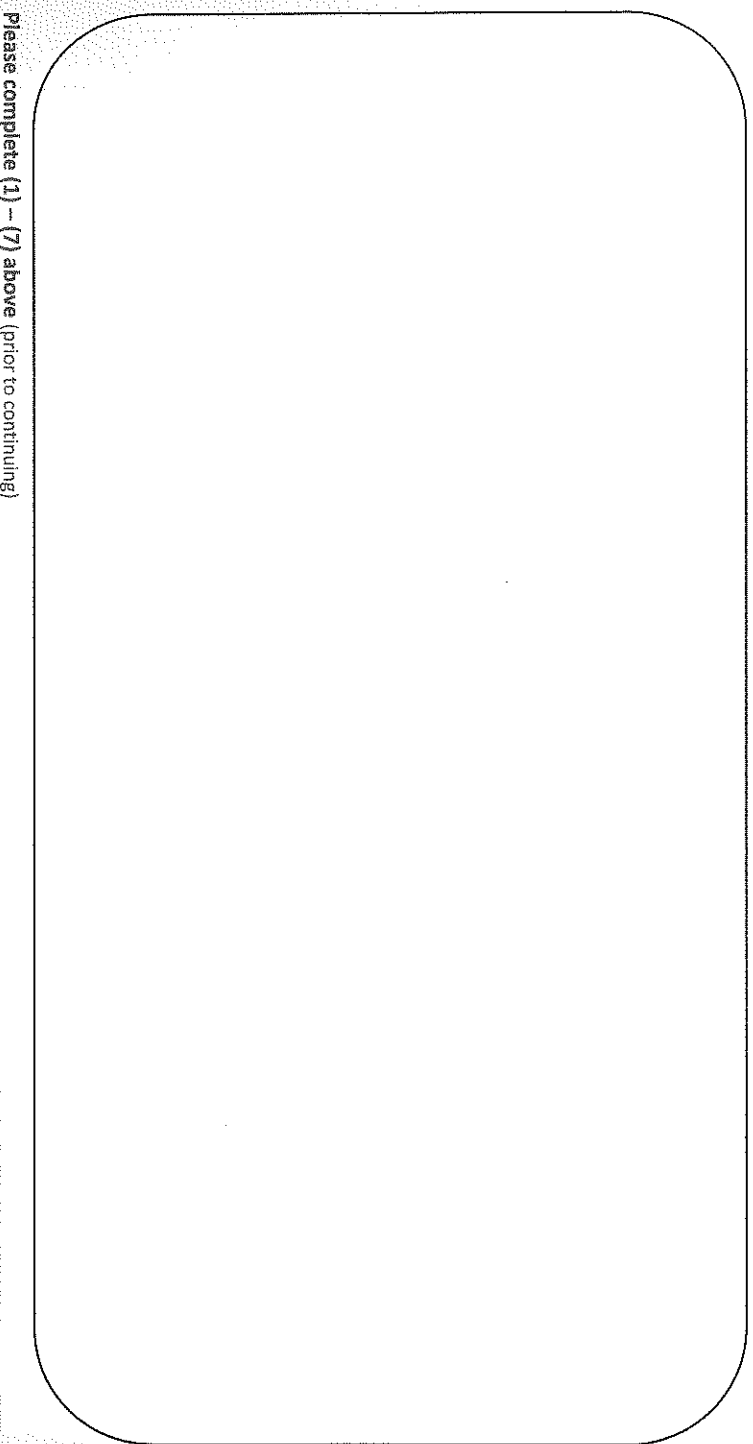
Owner(s): Point O Pines Trust, Frederick Miller, Trustee Date 8/30/2016
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____
If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	150 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	124 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	86 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	36 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

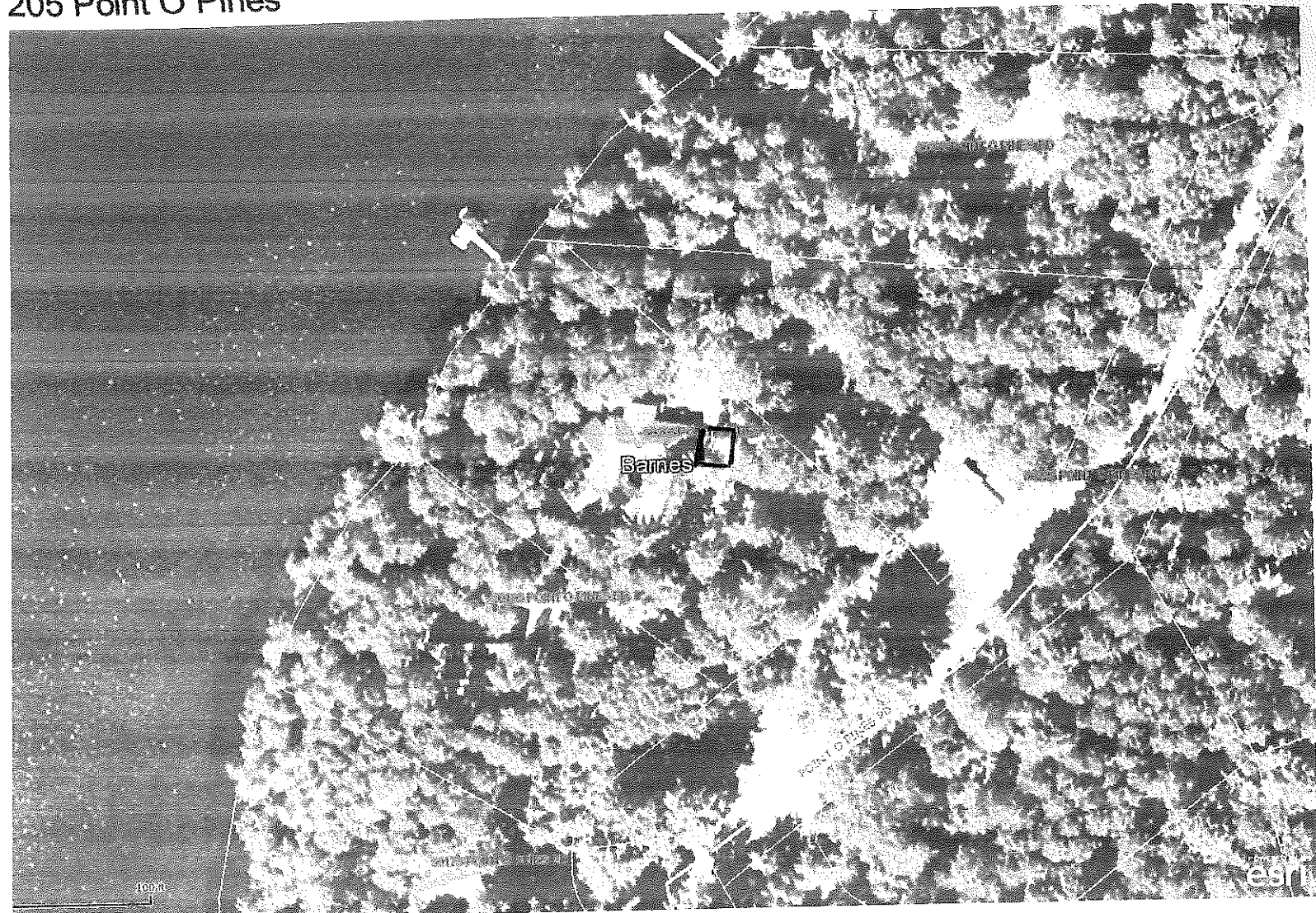
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 16-0806	Permit Date: 9-12-16					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Re-Inspection:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Date of Inspection: 9-1	Inspected by: [Signature]					
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.)						
MAY 1st NEAR SEBONKIS - 10' Sideyard 63' Curb Line						
NO WATER UNDER PAVEMENT						
NOT FOR HUMAN HABITATION						
Signature of Inspector: [Signature]					Date of Approval: 9-9-16	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

Wayfield County, WI

205 Point O Pines





ed Aug 24 2016 03:22:27 PM.


Bayfield County
Planning and Zoning Dept.
PO Box 58
Washburn, WI 54891
(715) 373-6138

MIT
ONSI

SEP 4 2016

Permit #: 116-0317	Date: 9-14-16	Amount Paid: \$2419.44	Refund:
			

Permit #: 116-0317	Date: 9-14-16	Amount Paid: \$2419.44	Refund:
			

Permit #: 116-0317	Date: 9-14-16	Amount Paid: \$2419.44	Refund:
			

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>47,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> <u>Storage</u>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
		<input type="checkbox"/> _____			<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(X) (X) (X) (X) (X) (X) (X))))))))
<input type="checkbox"/> Commercial Use	with Attached Garage	(X))
Rec'd for Issuance	Bunthouse w/ <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X))
<input type="checkbox"/> Mobile Home (manufactured dete)		(X))
SEP 14 2016	Addition/Alteration (specify) _____	(X))
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>Shed of Tractor + Misc</u>	(1/2 X 50)	5600sq. ft
<input checked="" type="checkbox"/> Secretarial Staff	Accessory Building Addition/Alteration (specify) _____	(X))
<input type="checkbox"/> Special Use: (explain) _____		(X))
<input type="checkbox"/> Conditional Use: (explain) _____		(X))
<input type="checkbox"/> Other: (explain) _____		(X))

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____

(If there are Multiple Owners listed on the Deed ~~all~~ Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

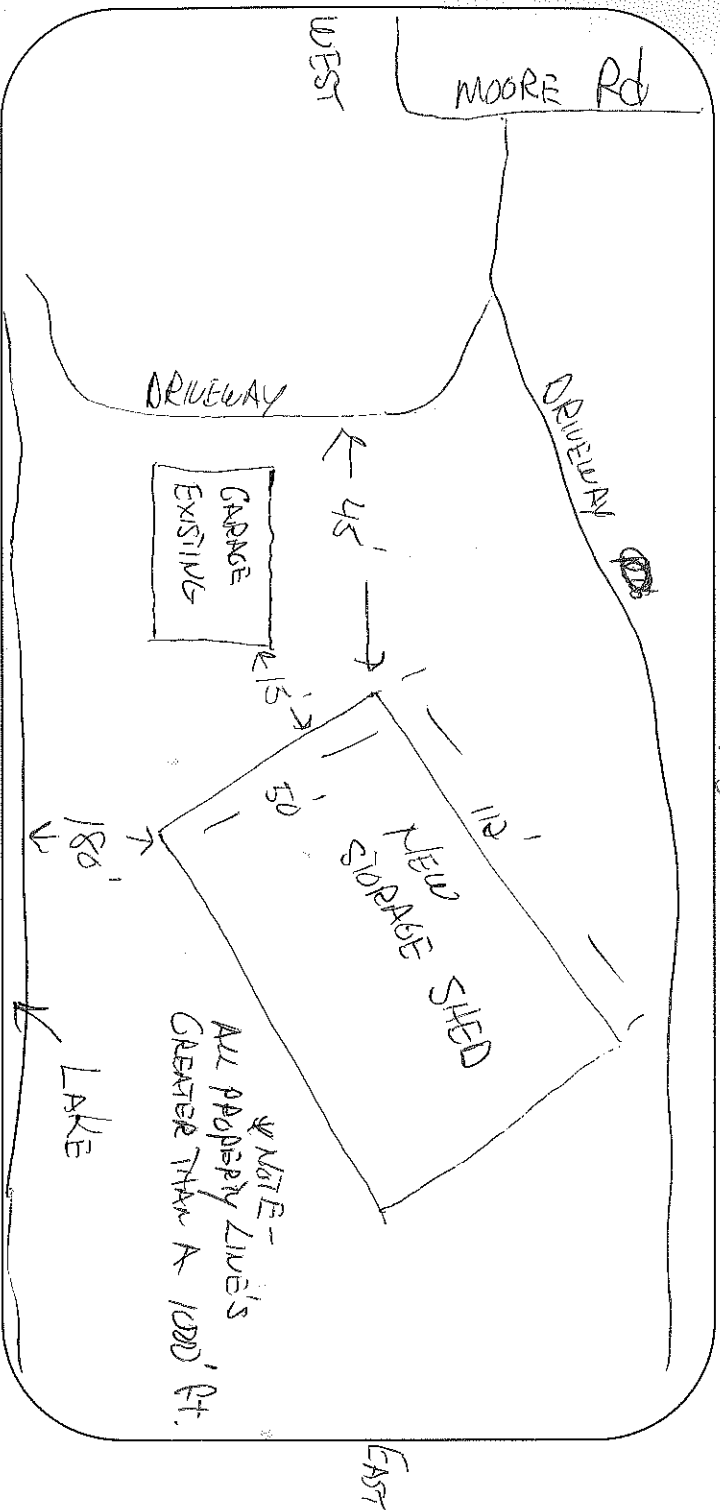
Address to send permit 52230 Mober Rd Bernes WI 54873

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
Property send your Recorded Deed

Flow: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	< 1000 Feet	Setback from the Lake (ordinary high-water mark)	180 Feet
Setback from the Established Right-of-Way	< 300 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	< 1000 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	< 1000 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	< 1000 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	< 1000 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction: Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 16-0311		Permit Date: 9-14-16					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No Is Parcel in Common Ownership		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Required	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was Property Surveyed	
Inspection Record:							
Date of Inspection: 9-13-16		Inspected by: JR				Zoning District: (R2)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						Lakes Classification: (3)	
No for human habitation							
No with creek passage							
Signature of Inspector: [Signature]						Date of Approval: 9-14-16	
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
SEP 14 2016
Bayfield Co. Zoning Dept.

Permit #: 16-0317
Date: 9-16-16
Amount Paid: \$1,000
Refund:

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Paula M. Mapp Grangard
Address of Property: 50195 Pease Rd.
Contractor: Ken LaCoy Construction
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Ken LaCoy
Contractor Phone: 715-634-8609
Agent Phone: 715-492-0034
Pumper: Pete's Plumbing
Agent Mailing Address (include City/State/Zip): PO Box 781 Hayward WI 54843
Pumper Phone: 715-634-8713
Written Authorization Attached: ☒ Yes ☐ No

PROJECT LOCATION: NE 1/4, SW 1/4
Gov't Lot: 5
Lot(s): 2
CSM: 862
Vol & Page: 6-3
Lot(s) No.:
Block(s) No.:
Subdivision:
Recorded Document: (i.e. Property Ownership) Volume: Page(s):
Section: 11, Township: 44 N, Range: 9 W, Town of: Barnes

☒ Shoreland ☐ Non-Shoreland
Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? ☐ Yes ☒ No
Is Property/Land within 1000 feet of Lake, Pond or Flowage? ☐ Yes ☒ No
Distance Structure is from Shoreline: feet
Distance Structure is from Shoreline: 75 feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material: \$300,000

Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: ST	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input checked="" type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 26 Width: 26 Height: 26
Proposed Construction: Length: 26 Width: 26 Height: 26

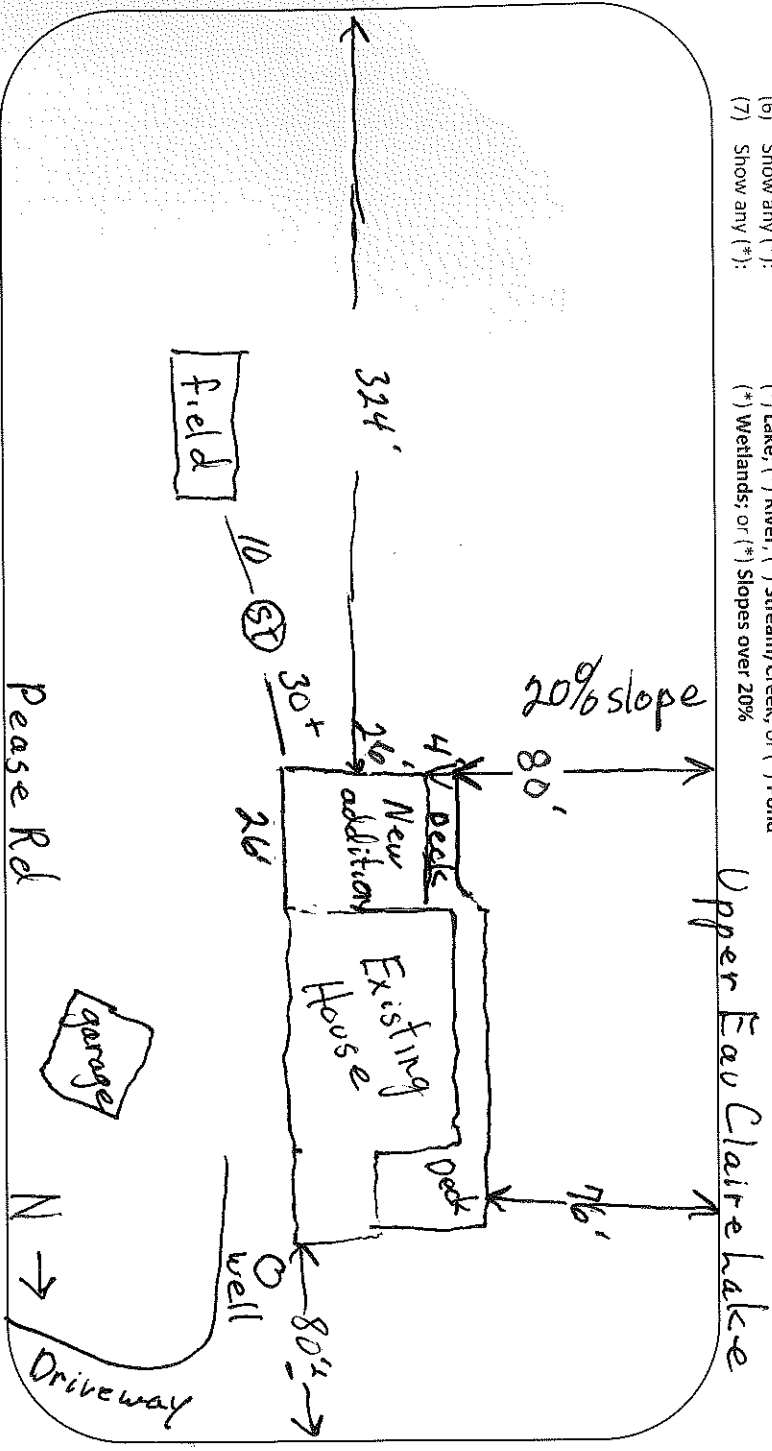
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> with a Porch	<input type="checkbox"/>	() X ()	
<input checked="" type="checkbox"/> with (2nd) Porch	<input checked="" type="checkbox"/>	(4) X (26)	104
<input checked="" type="checkbox"/> with Deck	<input checked="" type="checkbox"/>	() X ()	
<input checked="" type="checkbox"/> with (2nd) Deck	<input checked="" type="checkbox"/>	() X ()	
<input type="checkbox"/> with Attached Garage	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>	() X ()	
<input checked="" type="checkbox"/> Addition/Alteration (specify) Living Space	<input checked="" type="checkbox"/>	(26) X (26)	676
<input type="checkbox"/> Accessory Building (specify)	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/>	() X ()	
<input type="checkbox"/> Other: (explain)	<input type="checkbox"/>	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Ken LaCoy
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: P.O. Box 781 Hayward WI 54843
Date: 9-1-16
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1400 ± Feet	Setback from the Lake (ordinary high-water mark)	80 Feet
Setback from the Established Right-of-Way	1134 ± Feet	Setback from the River, Stream, Creek	80 Feet
Setback from the North Lot Line	80 ± Feet	Setback from the Bank or Bluff	75 Feet
Setback from the South Lot Line	324 ± Feet	Setback from Wetland	160 ± Feet
Setback from the West Lot Line	1130 ± Feet	Setback from 20% Slope Area	80 Feet
Setback from the East Lot Line	75 Feet	Elevation of Floodplain	75 Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	160 ± Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>0-1055</u>	# of bedrooms: <u>4</u>	Sanitary Date: _____
Permit Denied (Date): _____	Reason for Denial: _____			
Permit #: <u>16-B317</u>	Permit Date: <u>9-16-16</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes _____	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes _____	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: <u>OK</u>				
Date of Inspection: <u>9-13-16</u>	Inspected: <u>[Signature]</u>			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)				
<u>Must get var</u>				
Signature of Inspector: <u>[Signature]</u>				Date of Approval: <u>9-16-16</u>
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____